

FILED MAY 19 '1949

STANDARD CERTIFICATE OF DEATH

State File No. 15472

Registrar's No. 179

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 2432

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN - Meramec twsp</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN, MO. RURAL</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec Twsp</u>		d. STREET ADDRESS (If rural, give location) <u>Sullivan, Mo. R.r#2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Point #2</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) _____ c. (Last) <u>SOBINSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>YES, MARRIED</u>	8. DATE OF BIRTH <u>May 1, 1883</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR <u>00</u>
					11. UNDER 15 Hrs. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unk</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Ludwig Lillian M. Sobinski</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Lillian M. Sobinski, Sullivan, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>CARBON MONOXIDE POISONING</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SUICIDE</u> DUE TO (c) <u>Carbon monoxide</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E 973A</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at APR 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Pho. P. Shaffer Coroner</u>	23b. ADDRESS <u>Sullivan MO</u>	23c. DATE SIGNED <u>MAY 9 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hendrix</u>
24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri R#2</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Russell Adams</u>	
DATE REC'D BY LOCAL REG. <u>5-11-49</u>	REGISTRAR'S SIGNATURE <u>Ch. Bracker</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
District Health Officer No. 9,  
District File Number  
MAY 18 1949  
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*David Russell*

Licensed Embalmer No. 4520

P. O. Address St. Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.